PAR AUTHORIZATION FORM - Calvin Church Kitchener



□ For registration of new PAR donors

or

□ For banking changes for existing donors

FOR USE BY PAR ADMINISTRATOR

PAR congregational number: Church PAR administrator: Margaret Woods Phone number: (519) 744-4061 E-mail: margaret@calvinchurch.ca

Donor name:		
Address:		
City: F	Province:	Postal code:
E-mail	Envelope#	Gift amount \$
Name of local church: CALVIN PRESBYTERIAN CHURC	СН	
Address: 248 WESTMOUNT ROAD EAST, KITCHENER,	, ON N2M 4Z1	
This gift to the above church is to benefit:		
Local church: \$Presbyterians Sharing	\$ Other (ple	ase specify, ex. PWS&D): \$
Option 1: Pre-authorized debit Please attach a VOID cheque. I/We request/authorize The United Church of Canad 20th of	. I/we also recognized tion at any time by contact does not comply with the is not authorized or is not authorized or is not any fina	e and agree to the following: cting our church PAR contact. is agreement. For example, I have the right t consistent with this PAR agreement. To incial institution or visit www.cdnpay.ca.
 I/we waive my right to receive pre-notification I do not require advance notice of the amount 	•	, ,
Signed:	Dated	d:
Option 2: Visa/MasterCard/American Explease note that a 2–3% service charge reduces the to	<u>-</u>	your congregation.
Card number:		
Name on card:	MM YY	
Signed:		

Thank you for your generosity.

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